

The Honorable Lauren King

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE**

STATE OF WASHINGTON, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity
as President of the United States, et al.,

Defendants.

NO. 2:25-cv-00244-LK

DECLARATION OF D.Z. & A.Z.

1 We, D.Z. & A.Z., declare as follows:

2 1. We are both over the age of 18, competent to testify as to the matters herein, and
3 make this declaration based on our personal knowledge.

4 2. We have chosen to submit this declaration using only initials, and to identify our
5 child as “Child A,” because we are fearful that the government could retaliate against us or our
6 child. We also fear that individuals emboldened by recent actions of the federal government
7 would target our family for speaking out.

8 3. We are the parents of twins, aged sixteen-and-a-half. One of our twins, Child A,
9 is transgender. Child A was assigned a male gender at birth but is transgender and uses she/her
10 pronouns. Our family lives in Seattle, Washington.

11 4. Child A is a junior in high school. She is avidly involved in their school’s theatre
12 program, where she can present herself as authentically as possible. Child A likes to dress up in
13 drag, and mentors other kids who are also interested in drag. We often see Child A surrounded
14 by friends and peers, which we attribute to her magnetism and charisma. Her laugh can light up
15 the room. Child A is an incredibly brave person, and her high sense of self confidence has
16 allowed her to present externally how she feels internally. She likes to play video games with
17 her twin brother. But really, Child A is just a regular teen, burdened by walking in a world that
18 doesn’t want to see her for who she is.

19 5. We first noticed that Child A did not identify with her sex assigned at birth when
20 she was as young as three years old. At that age, she told me she was a girl. Her presentation has
21 always been feminine. For example, Child A grew her hair long. Child A would ask to wear pink
22 cowboy boots and pink tights. In elementary school, Child A was cast in a role in a theatre
23 production that required her to cut her hair. A part of Child A died that day, and she went into a
24 deep depression as she tried to navigate life as a boy. After she cut her hair, Child A would only
25 wear muted blues and “boys” clothes. As the depression worsened, we offered to have her wear
26

1 clothes at home that made her feel like herself, but she refused. Soon after, she began seeing a
2 therapist.

3 6. This deflated feeling persisted throughout Child A's experience in middle school.
4 In retrospect, it is clear that Child A was doing what she thought society expected of her and was
5 trying to fit in. But she didn't fit in, and it made her extremely unhappy. Child A's exuberance
6 for life was gone. To witness their light and love for life vanish was difficult as a parent to
7 observe.

8 7. Sometime during eighth grade, Child A said she wanted to start using they/them
9 pronouns. Although Child A struggled with internalized transphobia at first, Child A really came
10 into their own once she came to terms with who she is. Socially transitioning was an enlightening
11 step for Child A. Suddenly, we had our kid back. Come the start of high school, it was clear that
12 Child A was finally comfortable enough to say who she was. This confidence encouraged Child
13 A to follow their role models, like Ru Paul, and participate in drag, too. At this time, Child A
14 began going by their preferred name socially, and before long, we had our child back. We finally
15 saw Child A's light and joy return. Watching that return has truly been a gift.

16 8. Even after Child A socially transitioned, however, she continued to experience
17 gender dysphoria. She began going through male puberty, and particularly struggled when she
18 grew taller than D.Z. in the summer after ninth grade. That was when we knew, as parents, that
19 medical interventions would likely be needed. Our pediatrician asked Child A if she wanted
20 more time to think about whether she wanted to access gender-affirming medical care. Child A
21 said no, and we were referred to Seattle Children's Gender Clinic in summer 2023.

22 9. Our first appointment at Seattle Children's was June 2023; Child A started
23 hormone therapy about three months later. At that time, Child A received a testosterone blocker
24 once every three months, and began receiving weekly estrogen doses. Although this may seem
25 like a quick start to receiving hormones, Child A was hoping to walk out of her first appointment
26 with medication. Child A had done a lot of research on hormone therapies, and had heard from

1 friends about ordering hormones from Asia. But we told her there was no reason to jeopardize
2 her health when we have access to medical providers that can help get that care.

3 10. We are aware of the Executive Order putting conditions on gender-affirming care
4 for youth.

5 11. On February 3, 2024, Child A was referred for gender-affirming surgery when
6 she turns 18—just over a year away. But we never got the call from Seattle Children’s to begin
7 making appointments in preparation for that surgery. Now, when we look at the after-visit notes
8 on MyChart, the referral link is dead. We’ve received zero explanation for why this was done,
9 but we believe it was because of this Executive Order, even though Child A would be a legal
10 adult by the time she has her surgery.

11 12. We would be very concerned if the restrictions in this Executive Order were to
12 affect medical providers in Washington. Child A gets all her care from Seattle Children’s, which
13 we know receives a lot of federal funding. But Seattle Children’s is already scaling back services.
14 If the clinic closes, we don’t know what we’ll do in the short term to ensure Child A continues
15 to receive the gender-affirming care she needs. In anticipation of changes in federal law that
16 would limit Child A’s access to gender-affirming care, we started getting things in place early.
17 Child A got an arm implant for her puberty blocker, and started taking progesterone in addition
18 to estrogen last summer. We’ve done what we can to stockpile Child A’s medication, buying an
19 entire year’s worth of estrogen in one go, out of fear that it might become unavailable for us.
20 This alone cost us \$1,000.

21 13. Child A has been extremely nervous the last few weeks, even as we’ve tried to
22 build a firewall to protect her. Our mental health has deteriorated as well. One of the hardest
23 things is not just this Executive Order exists, but the fact that this is only one in a litany of
24 transphobic executive orders. We don’t know what might be coming down next. The uncertainty
25 and anxiety has been incredibly hard to bear.
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